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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705878 (7)

1. Corporation Name
SUNTAN ART CENTER, INC.



Principal Place of Business Mailing Address
DON VISTA BLDG. 3300 GULF BLV DON VISTA BLDG. 3300 GULF BLV
P.O. BOX 66825 P.O. BOX 66825
ST. PETERSBURG BCH. FL 33736-6825 ST. PETERSBURG BCH. FL 33736-6825

3. Date Incorporated or Qualified 07/10/1963 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 23-7033821 Applied For Not Applicable
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23. Zip Country 28. Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24. 25. 29. 30. 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
BEUM, JEAN A. 81. Name
3580-38TH AVE.S. #93 82. Street Address (P.O. Box Number is Not Acceptable)
ST. PETERSBURG FL 33711 83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PD AGUERO, PATSI 2813 56TH ST., SOUTH GULFPORT FL
VD PASCARELLI, SHARON 10104 YACHT CLUB DR. TRESURE ISLAND FL
TD BEUM, JEAN 3580-38TH AVE #93 ST. PETERSBURG FL
DELETE
DELETE
DELETE
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE President + Director
1.2 NAME J. ROBERT JANDS
1.3 STREET ADDRESS 300 64 AVE APT # 120
1.4 CITY-ST-ZIP ST. PETE BEACH, FL 33706
2.1 TITLE Vice President + Director
2.2 NAME FREDERICK BUTTS
2.3 STREET ADDRESS 11605 3RD ST. E. #205
2.4 CITY-ST-ZIP TREASURE ISLAND, FL 33706
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Assistant Treasurer + Director
4.2 NAME JOHN STORME BANKS
4.3 STREET ADDRESS 4645 GULF BLVD - #104-108
4.4 CITY-ST-ZIP ST PETE BEACH, FL 33706
5.1 TITLE Secretary + Director
5.2 NAME Dolly GRISS
5.3 STREET ADDRESS 87 45th AVE
5.4 CITY-ST-ZIP ST PETE BEACH, FL 33706
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E037 (9/96)